

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 160452**

1. Entity Name  
**CONCRETE FABRICATORS INC**



Principal Place of Business  
**1310 SUNSET DR.  
CLEARWATER, FL 34615**

Mailing Address  
**1310 SUNSET DR.  
CLEARWATER, FL 34615**



02172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0610422**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STANLEY, GYNETH S  
1465 S. FORT HARRISON AVE.  
CLEARWATER, FL 33755**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PDT
NAME	WYLLIE, NEIL
STREET ADDRESS	1310 SUNSET DRIVE
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	WYLLIE, DANA A
STREET ADDRESS	2450 TREEMONT WAY
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	DS
NAME	WYLLIE, POLLY B
STREET ADDRESS	1310 SUNSET DRIVE
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	WYLLIE, NEIL W
STREET ADDRESS	1585 E. HOBBIE CREEK DRIVE
CITY-ST-ZIP	SPRINGVILLE, UT
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000642981  
03/01/07-80068-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Neil Wyllie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-17-07*  
Date

Daytime Phone #